State of Washington
Department of Retirement Systems

Rollover Authorization Into The Department of Retirement Systems						PO Box 9018 Olympia, WA 98507-9018 Toll Free:(800) 547-6657	
□ PERS □ SERS □ TRS □ LEOFF □ WSPRS						rea: (360) 664-7000	
Use this form to rollover funds to your DRS 401(a) account annuity from the following tax-deferred sources: Funds from plans under IRC 401(a), 401(k), 403(a), 403(b) or 457. The Sections A, B, C and D, and then forward the form to the firm institution completes Section E and returns the form with the	m other IRA e Departmer nancial instit	s; distributed of Retire tution hold	tions from an ement Syster	y former e n (DRS) m	mployer's pe ember must	nsion plan, or complete	
Section A: Member Information							
Member Name (Last, First, Middle)		Daytime Pl	none	S	Social Security N	lumber	
Address	City	•		State Z	Zip Code		
Section B: Distribution Instructions from Existing Account							
Rollover Amount (cannot exceed the bill amount):  Fund	Name/Account Number:						
Section C: Application of Funds Received by DRS (choose one)							
<ul> <li>Payment of Service Credit Purchase, DRS Bill #</li></ul>							
Section D: Signature of Member Applicant							
I authorize the financial institution listed in Section E to rollover the tax-deferred assets from my account(s) as stated in Section B, up to the amount stated in Section C to DRS, and make a check payable to the "Department of Retirement Systems for the benefit of,"  Print your name							
and mail to: DRS, PO Box 9018, Olympia, WA 98507-9018.  Signature of Member Applicant  Date							
Section E: Surrendering Financial Institution Information							
Trustee, Custodian, Company Name			Telephone Number ( )				
Address City					State	Zip Code	
Contact Name			Signature				
Section F: Acceptance							
The Washington State Department of Retirement Systems certifies that the individual identified in Section A is a participating member of a Washington State Retirement Plan under IRC 401(a), and is authorized to rollover tax-deferred funds to his or her retirement plan up to the amount identified in Section C. Please remit a check payable to the Department of Retirement Systems and mail with this form to: PO Box 9018, Olympia WA 98507-9018.							

Internal Revenue Code Sections 6041 (A), and 6109 authorize the Department of Retirement Systems (DRS) to solicit your Social Security Number.

- The disclosure of your Social Security Number to DRS is mandatory.
- DRS will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS will not disclose your Social Security Number to any party unless required by law.

## IMPORTANT INFORMATION

The Department of Retirement Systems (DRS) strongly recommends that you consult a tax advisor before completing this transaction.

- Any monies paid from your financial institution that are more than the bill amount will be refunded to your financial institution. This may have future tax consequences if the monies are not accepted for redeposit.
- Rollovers and transfers into a state retirement system <u>cannot</u> be made from a Roth IRA.
- This rollover or transfer is a choice initiated by you. DRS does not certify that the rollover is appropriate. DRS is not responsible for any tax consequences resulting from your choice. Contact the IRS with questions concerning your rollover or transfer decision at 1-800-829-1040.
- Please verify the current amount of your bill by calling DRS before requesting a rollover from your financial institution. Call DRS toll-free at (800) 547-6657. Those in the Olympia area may call (360) 664-7000.